

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	X	X				
2	X	X				
3	X	X				
4	X	X				
5	X	X				
6	X	X				
7	X	X				
8	X	X				
9	X	X				
10	1					
11	1					
12	1					
13	1					
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1	1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38	1	1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57	1					
58	1					
59		1				
60	1					
61	X	X				
62	1					
63	1					
64	1					
65	1					
66	1					
67	X	X				
68	1					
69	1					
70	1					
71	1					
72	1					
73	1					
74		1				
75	X	X				
76	X	X				
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	22	↓		↓		↓
TOTAL DEP.		42	↓		↓	
TOTAL CLAIMS	64					